

Signature, Grantee Representative

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Organization:		Request Number: 1_	_ 2
shown her	Grant Time and Expense Sheets should be summarized on this fo e. This completed, signed form, along with the individual Grant Tir equest for reimbursement is made.		
Grant Time and Expense Sheet No.	Name on Top of Grant Time and Expense Sheet	Cash Expenditure Amount	Donatio Amou
	Total CASH Expenditures Total DONATIONS Equals GRAND TOTAL \$	\$\$_ 	

Date